

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10594595

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		2		
4		3		2		
5		3		1		
6		0		1		
7		0		2		
8		0	1	2		
9	1	0		1		
10		1		2		
11		2		1		
12		0		2		
13		0		2		
14		0		2		
15		0		2		
16		0		2		
17		0		1		
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50						
TOTAL IND.		2		2		2
TOTAL DEP.		21		21		21
TOTAL CLAIMS		23		23		23

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						